



DIRECTOR / MANAGER / EMPLOYEE REGISTRATION TRANSFER REQUEST

This form must be completed to transfer an active registration of a director, manager, or employee of a low-THC cannabis dispensing organization to a new licensed dispensing organization.				FOR OFFICIAL USE ONLY Date Received _____ Date Approved _____ Delivered By _____ Agency Clerk _____	
Previous Dispensing Organization Name			Previous Dispensing Organization License Number		
New Dispensing Organization Name			New Dispensing Organization License Number		
Applicant Last Name		Applicant First Name		M.I.	Suffix
Employment Position <input type="radio"/> Director <input type="radio"/> Manager <input type="radio"/> Employee					
Home Address				County	
City		State	ZIP	Phone	
Date of Birth		Place of Birth	Country	State	
<input type="radio"/> State-Issued DL	<input type="radio"/> US Passport	State	DL/ID, Passport or Military ID Number		
<input type="radio"/> State-Issued ID	<input type="radio"/> Military ID				
Email Address					
Gender <input type="radio"/> Male <input type="radio"/> Female	Race <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> American Indian <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Other			List any aliases you have used:	
New Working Job Title:					
Describe Applicant's Employment Duties:					

REGISTRANT ACKNOWLEDGMENT

☐ _____ I acknowledge that I am familiar with the federal laws governing marijuana and its interstate transportation.
(initial)

☐ _____ I verify that all information provided in the application and any attachment exhibit is true and correct, and I understand that this is an official government record and that any false statement made on this document or any other supplement provided to the Department may result in criminal prosecution.

Registrant Signature _____ Date _____

**DISPENSING ORGANIZATION
DIRECTOR, MANAGER, OR OWNER AUTHORIZATION**

This section to be completed by Dispensing Organization Director, Manager, or Owner

☐ _____ The registrant identified above is authorized to transfer registration as a(n):

☐ Director ☐ Manager ☐ Employee

Director, Manager,
or Owner Last Name

Director, Manager,
or Owner First Name

Director, Manager,
Owner
Signature

Date

This form and any exhibits and attachments should be submitted electronically to:

<https://www.dps.texas.gov/rsd/contact/CUP.aspx>

Privacy Policy Texas Government Code, Title 5, Chapter 559, Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.

Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>